

# Negotiated Rulemaking - Comment Summary

## DOCKET NO. 16-0319-1501

Comments from May 26, 2015, Written Comments Submitted Post-Meeting, and Responses

Boise

	(V) Verbal (W) Written	Comment	Response	Policy Change
TOPIC: CFH Certification Fees.				
	V/W	<p>In 2011, HB 260 proposed, FAQ sheet provided about why CFH fees were being implemented. Money does come out of the providers pay. It will take decades to cover the \$36M shortfall. Provider pay has not changed since the program began, and inflation has cut into the pay. Why is the Department targeting CFH, when it is one of the best programs the Department has devised?</p> <p>Recommendation to not increase the fees. Instead, work on legislation to repeal HB 260 in its entirety, and replace it with a bill to review reimbursement rates annually.</p>	The CFH fee was implemented and directed by the legislature to cover the costs of the CFH program. Benefits of the fee include certification surveys, costs of investigations of complaints, and the ability of providers to be paid for services provided to residents, if the certificate requirements are maintained.	N
	V/W	Calculated wage per hour. Have to work 135 hours in order to pay recertification fee, for the privilege of serving people.	Because payment and reimbursement does not fall under Licensing and Certification, providers can contact the Division of Medicaid at 3232 Elder Street, Boise, Idaho 83720 Phone: 208-334-5747. No CFH proposed rule change.	N
	V/W	Why invoice on a quarterly basis? If taken from Medicaid payment, all the enforcement related to non-payment goes away. Probable savings without going through the process done at Central Revenue Unit.	This option was investigated when the fees were first implemented. Due to legal requirements, taking the CFH fees from the CFH provider's payment was not an option. No CFH proposed rule change.	N
TOPIC: Definitions				
	V/W	Definition of a CFH. Old rule "a home is to provide care for 1 or 2 adults who are unable to reside on their own." Changed to "unable to reside in their own home." Fearful this language eliminates parents from being providers.	This definition change is taken directly from the Idaho Statutes 39-3502 – Definitions: (8) "Certified family home" means a family-styled living environment in which two (2) or fewer adults live who are not able to resident in their own home and who require care, help in daily living, protection and security, supervision, personal assistance and encouragement toward independence." This will not eliminate parents from being	N

			providers.	
<b>TOPIC: Food Services</b>				
	V/W	Immediate cleaning of dishes after meal precludes care of resident. Suggest “as soon as possible after meal without compromising the needs of the resident.”	After reviewing comments and recommendations, the proposed rule on Food and Nutritional Services was removed from the proposed CFH rule changes.	Y
	V/W	Accommodations need to be made for service animals in the kitchen.	After reviewing comments and recommendations, the proposed rule on Food and Nutritional Services was removed from the proposed CFH rule changes.	Y
<b>TOPIC: Ongoing Training</b>				
	V/W	Very hard to find training specific to the residents diagnosis. Can the Department supply leads? Can the training be free?	The ongoing training requirement in CFH rule is a total of eight (8) hours for the certification year. Four (4) hours is independent study that can be done in the home, which can include internet research and study, videos, books, magazines, etc. The remaining four (4) hours requirement is classroom study. Visits to the doctor, pharmacy, dentist, physical therapy or occupational therapy can count towards the classroom study. The provider and resident can ask questions about the resident’s care and follow-up treatment needed from the resident’s health care professional.	N
	V/W	Can providers use the full hours spent on CPR/First Aid toward their ongoing certification hours?	Two hours of classroom training for ongoing first aid or adult CPR will count toward the eight (8) hour requirement. Adult CPR must include the hands-on skills training.	N
<b>TOPIC: Elements of Care</b>				
	V/W	Does elimination of alone time in the plan from supervision mean they can never be alone? This will conflict with the Self Direct plan.	Because of the concerns and interpretations around alone time in CFHs, the alone time wording remains under Elements of Care – “Ensure appropriate, adequate supervision for twenty-four hours each day unless the resident’s plan of service provides for alone time.”	Y
<b>TOPIC: Inspection Process</b>				
	V	Never has submitted a written request to schedule a recertification survey. Delete this language.	Because that requirement is specified in Idaho Statute, the rule needed to stay in the proposed CFH rule changes. The local region CFH staff will continue to contact CFH providers to set up time for recertification surveys.	N
	V	Wants to add recertification survey to types of surveys requiring advance notice.	Because that requirement is specified in Idaho Statute, the rule needed to stay in the proposed CFH rule changes. The local region CFH staff will continue to contact CFH providers to set up time for recertification surveys. CFH will contact providers for recertification surveys also. There is no proposed CFH rule change.	N
	V	Who is qualified to be an inspector? Are providers responsible to pay for contractors?	Contractors are not part of the CFH program. CFH program staff is the only staff working with the CFH program. CFH staff is required to qualify to be on the register for hire under the Medical	N

			Program Specialist classification. No proposed CFH rule change.	
	V	If an inspector shows up unannounced, there might be trouble.	The CFH Program sets appointments to conduct survey appointments. The only time CFH staff would show up unannounced would be when a complaint has been received, and the CFH Program would need to respond by rule, most of the time unannounced. Complaints and investigations cannot be ignored. No proposed rule change.	N
<b>TOPIC: Resident Funds</b>				
	V/W	Removal of \$5 requirement for receipts. Vending machines don't give receipts. This poses a problem. Residents should be able to buy small items. Okay if rule allows for notes to explain small purchases.	Under Managing Resident Funds, the proposed CFH rule change states: "Provide accounting documentation including financial statements, receipts, and ledgers for all financial for the resident's basic needs allowance and any other funds of the resident. A separate transaction record must be maintained for each resident." Providers are able to provide a ledger for those transactions where receipts are not provided or receipts are lost. The rule allows for small purchases without receipts as long as the provider provides documentation.	N
	V	Some items don't have receipts, like lottery tickets.	Under Managing Resident Funds, the proposed CFH rule change states: "Provide accounting documentation including financial statements, receipts, and ledgers for all financial for the resident's basic needs allowance and any other funds of the resident. A separate transaction record must be maintained for each resident." Providers are able to provide a ledger for those transactions where receipts are not provided or receipts are lost. The rule allows for small purchases without receipts as long as the provider provides documentation	N
<b>TOPIC: Medications</b>				
	V/W	If resident is unable to reach the medication, why require a lock? Only include locks if a lock is required to safeguard.	In preparing the Basic Medication Course that is being proposed, the CFH Program looked at the requirements taught in the Assistance With Medication Course taught at the universities/colleges approved by the Board of Nursing. The proposed ruling included in Medication Standards and Requirement was changed to meet the requirement taught in the Assistance With Medication Course. The proposed rule change requires resident's prescription medication be locked at all times, unless the medication requires refrigeration. Locking medications is not only for safeguarding the resident, but others living or visitors in the home. Resident's rights are also protected by locking medications. Every resident's medications can be in the same locked unit, with each resident having a different storage container within that locked storage unit.	N

	V	Residents who self-administer should not have to have their medications locked.	Correct. Provider would ensure the <u>resident</u> safeguards his medications.	N
	V/W	Only one resident's medication in a box.	Board of Nursing Rules and Assistance with Medication Course from the universities/colleges teaches that each resident's medications must be maintained in separate units. This safety measure ensures medication is only taken by the resident for whom it was prescribed. Prescription medications must be locked at all times, unless the medication requires refrigeration. Locking medications is not only for safeguarding the resident, but others living or visitors in the home. Resident's rights are also protected by locking medications. Every resident's medications can be in the same locked unit, with each resident having a different storage container within that locked storage unit.	N
	V/W	Locked medications an issue; resident would never get into them. Should be case-by-case basis.	Locked medications are not only for the protection of the resident. Medications can be also taken or inspected by others living in the home or visiting the home. Medications and the information around the medication are also a privacy issue for the residents and should not be shared with others. Locking medications is not only for safeguarding the resident, but others living or visitors in the home. Resident's rights are also protected by locking medications. Every resident's medications can be in the same locked unit, with each resident having a different storage container within that locked storage unit.	N
	V	Puts her medications in a box, as directed by "Assistance with Meds" class. Likes idea of a lock if resident has a problem and cannot self-administer; okay if no lock provided resident cannot access.	Locked medications are not only for the protection of the resident. Medications can be also taken or inspected by others living in the home or visiting the home. Medications and the information around the medication are also a privacy issue for the residents and should not be shared with others. Locking medications is not only for safeguarding the resident, but others living or visitors in the home. Resident's rights are also protected by locking medications. Every resident's medications can be in the same locked unit, with each resident having a different storage container within that locked storage unit.	N
TOPIC: Fire/Life Safety				
	V/W	Fire department recommends changing batteries once a year. Twice a year is too often.	Fire and Life Safety Standards cannot be taken lightly for anyone. A CFH provider is required to provide a safe environment for their residents. Promoting and following the maintenance of equipment is critical to ensure safety. CFH staff has found that a few providers take out batteries without replacing them and a few providers have ignored the beeping of the smoke detector without changing the batteries. Replacing these batteries twice a year is	N

			good practice with little cost to running a business.	
	V/W	5 lb fire extinguishers. Do all in the home need to be 5 lb?	Fire extinguishers must be at least five (5) pounds or larger, dry chemical multipurpose 2A:10-B-C rated ABD type. This CFH rule needs to be enforced consistently among the CFH providers. This requirement is a Fire and Life Safety issue.	N
	V/W	Fire drill record keeping difficult. Can Department provide a form? Does not want to perform fire drills during sleeping hours. How effective is it to do drills on a monthly basis? Drills are for the provider, not the resident.	<p>The CFH Program provides an Emergency Preparedness Log which includes documentation of fire drills. With the proposed CFH rule changes, the CFH Program also is preparing training for all CFH providers to be made aware of the changes, if passed. This CFH training will include new forms that comply with the proposed rule changes. CFH providers will be able to also count this training toward their ongoing training requirement for the year.</p> <p>Two fires have occurred in CFHs this past year. These two CFH providers never expected the fire to happen to them. This review of the Fire and Life Safety Standards determined the need for the increased safety requirements.</p> <p>Yes, monthly fire drills are effective if conducted each month and taken seriously. Drills are not only for the provider. Residents can and should learn the importance of fire drills. In one fire of a CFH, firefighters found the resident on the floor as had been practiced, if not able to get out of the bedroom. He was not able to exit his bedroom and he remembered to get down on the floor. Firefighters were impressed and stated that is what probably saved this young man.</p> <p>This proposed rule change is a critical requirement to ensure the safety of residents in CFHs and the provider/family.</p>	N
	V	Provider tries to run fire drills realistically, trying to get the sound of the detector to correlate to the action. She already has to have another person helping with resident; no one else is available to time the drill. Too much than can be realistically expected with limited people running the drill. Most important thing is getting residents out, not the documentation. Extent of documentation is troublesome in proposal.	<p>Each CFH provider and resident handles each fire drill differently. Documentation of Fire and Life Safety issues should be an expectation. Getting the residents removed from the CFH is the most important activity. Documentation can then be completed after the drill when residents have been returned safely.</p> <p>The CFH provider must demonstrate the ability to evacuate all residents within three (3) minutes to a point of safety outside the CFH. This proposed rule change is a critical requirement to ensure the safety of residents in CFHs and the provider/family.</p>	N

	V	What are considered combustibles? Any changes?	Combustible are the same as in current rule. No changes to current rule.	N
	V	Resident will not respond to fire alarm. Timed drills will not work in her home.	<p>Again, this should be an expectation of the provider to train and have residents respond.</p> <p>The CFH provider must demonstrate the ability to evacuate all residents within three (3) minutes to a point of safety outside the CFH. This proposed rule change is a critical requirement to ensure the safety of residents in CFHs and the provider/family.</p>	N
TOPIC: Resident Rights				
	V	Does right to privacy preclude the provider from knowing medical information of the residents?	No. No changes to current CFH rule.	N
TOPIC: Other:				
	V	Why change the rules when things were working well?	Change is often difficult for people. Because of situations and issues across the state for the CFH Program, the review of the current rules was conducted and the proposed CFH rule changes were presented.	N
	V/W	Concern about notification of providers who do not have computers.	<p>Having a computer is not a requirement for the CFH Program. CFH providers can always share the information regarding the proposed CFH rules changes.</p> <p>The CFH Program is also aware of others who provide care to the residents, such as the Targeted Service Coordinators, Program Coordinators, Support Brokers, and other service providers are aware of changes in the Department. These individuals are aware of changes and relay that information to providers. CFH providers and stakeholders can also provide written comments. Again, CFH staff in the regions is also a great resource for CFH providers.</p> <p>Written comments are also included in this process.</p>	N
		Update: IDAPA 16.03.19.225. UNIFORM ASSESSMENT REQUIREMENTS.	The CFH proposed rule change to the UNIFORM ASSESSMENT REQUIREMENTS rule section was reversed. No CFH proposed rule change.	Y
		Update: IDAPA 16.03.19.250. PLAN OF SERVICE.	The CFH proposed rule change to the PLAN OF SERVICE rule section was reversed. No CFH proposed rule change.	Y